

~~CONFIDENTIAL~~
(When Filled In)

FORM STOCK REPLENISHMENT NOTICE,
COORDINATION AND APPROVAL RECORD

I S T O C K R E P L E N I S H M E N T	TO: FORMS MANAGEMENT BRANCH, RMS/MGT/S		FROM: LO/SD SOB/SMS		DATE	
	FORM NO.		STOCK NO.		PLEASE VERIFY CURRENT STATUS OF THIS FORM & AUTHORIZE REPRINT OR OTHER APPROPRIATE ACTION TO REPLENISH STOCKS.	
	SUP- PLIES NOW HELD BY BSOs	GROUP I				
		GROUP II				
		GROUP III				
		GROUP IV				
		OTHER				
	PLUS [REDACTED] BACK-UP STOCKS					
	EQUALS CURRENT STOCKS ON HAND					
	PLUS DUES IN					
	EQUALS SUB TOTAL					
	MINUS DUES OUT					
EQUALS AVAILABLE UNCOMMITTED SUPPLY						
DIVIDED BY MONTHLY USE						
EQUALS MONTHS AVAILABLE SUPPLY						
REMARKS						
II R E F E R R A L	TO:		FROM: FORMS MANAGEMENT BRANCH		DATE	
	PLEASE REVIEW CURRENCY, POINTS OF AND NEED FOR CONTINUED STOCKAGE, POSSIBILITY OF FUTURE REVISION, ADEQUACY OF PRESENT PROCEDURES AND ISSUANCES, AND ANY OTHER FACTORS AFFECTING CONTINUED REQUIREMENTS FOR THE ATTACHED FORM.					
	COMPLETE AND RETURN SECTION III WITHIN 30 CALENDAR DAYS FROM THIS DATE. FAILURE TO REPLY OR CALL EXT. 675 BY THIS DATE MAY RESULT IN THE AUTOMATIC PROCUREMENT OF A 3 - 6 MONTHS SUPPLY OF FORMS WITHOUT FURTHER CONSULTATION WITH YOUR OFFICE.					
REMARKS						
III C O O R D I N A T I O N	TO: FORMS MANAGEMENT BRANCH, RMS/MGT/S		FROM:		DATE	
	RECOMMENDED ACTION (Check <input checked="" type="checkbox"/> applicable box(es))					
	UNCONDITIONAL APPROVAL		MODIFIED APPROVAL		DISAPPROVAL	
	REVISION REQUIRED		COPY OF REVISED FORM, FORM 30 & SUPPORTING PAPERS ARE ATTACHED			
	COPY OF REVISED FORM, FORM 30 AND SUPPORTING PAPERS WILL BE FORWARDED BY (Date)					
	INCREASE QUANTITY ORDERED BY (Amount)		REASON FOR INCREASE OR DECREASE			
	DECREASE QUANTITY ORDERED BY (Amount)					
	FORM IS OBSOLETE		USE STOCKS ON HAND		DESTROY STOCKS ON HAND	
	REASON FOR OBSOLESCENCE, REPLACEMENT FORM (if any) STOCK DISPOSITION INSTRUCTIONS & ANY OTHER RECOMMENDATIONS					
	NAME, ROOM NO., BUILDING & EXT. OF PERSON PRIMARILY RESPONSIBLE FOR FORM				SIGNATURE OF COORDINATING OFFICIAL	
	IV A P P R O V A L	TO: LO/SD/SOB/SMS		FROM: FORMS MANAGEMENT BRANCH		DATE
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CIA-RDP70-00211R000200100033-1

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